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S.D. SEC. OF STATE

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

|  |  |   |
|--|--|---|
| 1. TITLE OF NEWSPAPER <u>Miner County Pioneer</u>  |  | 2. DATE <u>9-19-16</u>                          |
| 3. FREQUENCY OF ISSUE<br><u>Weekly</u>   | 3A. NO. OF ISSUES PUBLISHED ANNUALLY<br><u>52</u>  | 3B. ANNUAL SUBSCRIPTION PRICE \$ <u>46.81</u>   |
| 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)<br><u>120 S. Main St. Howard SD 57349</u>   |  |   |
| 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)<br><u>PO Box 220 Howard SD 57349</u>   |  |   |
| 6. FULL NAME OF PUBLISHER: <u>Carla Poulson</u>  |  |   |
| 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.<br>FULL NAME <u>Carla Poulson</u> COMPLETE MAILING ADDRESS <u>PO Box 220 Howard SD 57349</u> |  |   |
| 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)   |  |   |
| 9. EXTENT AND NATURE OF CIRCULATION  | AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS | ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE |
| A. TOTAL NO. COPIES (Net Press Run)  | <u>1500</u>  | <u>1500</u>                                     |
| B. PAID AND/OR REQUESTED CIRCULATION   |  |   |
| 1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.  | <u>212</u>   | <u>212</u>                                      |
| 2. Mail Subscription (Paid and or requested)   | <u>1190</u>  | <u>1182</u>                                     |
| C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)  | <u>1402</u>  | <u>1394</u>                                     |
| D. FREE DISTRIBUTION   |  |   |
| 1. BY MAIL, CARRIER OR OTHER MEANS   | <u>10</u>  | <u>10</u>                                       |
| 2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES  | <u>32</u>  | <u>32</u>                                       |
| E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)  | <u>1444</u>  | <u>1436</u>                                     |
| F. COPIES NOT DISTRIBUTED  |  |   |
| 1. Office use, left over, unaccounted, spoiled after printing  | <u>56</u>  | <u>64</u>                                       |
| 2. Return from News Agents   | <u>0</u>   | <u>0</u>  |
| G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)   | <u>1500</u>  | <u>1500</u>                                     |

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

CP  
(Signature)

Publisher  
(Title)

State of South Dakota )

County of Miner )

(Seal)

Sworn to before me this 19 day of Oct, 20 16

[Signature]  
Notary Public

My commission expires: 10-10-2019

Form: SOS REC 051 8/2014

